

ND Core Training/DDD
TRAINING EVALUATION

Date of training: _____

Location of training: _____

Low-----High

Your knowledge/skill level prior to training: 1 2 3 4 5

Your knowledge/skill level after training: 1 2 3 4 5

Instructors' knowledge: 1 2 3 4 5

Instructors' presentation: 1 2 3 4 5

Audio/visual aids: 1 2 3 4 5

Handouts helpful: 1 2 3 4 5

Questions answered to your satisfaction: 1 2 3 4 5

What part of this training do you rate highest?

What part of this training session do you rate lowest and why?

Other comments/questions?

OVERALL, how would you rate this training?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Your feedback is valued, thank you for sharing. It will be used to improve future sessions.